

# CAMP HOLLIS CAMPER REGISTRATION

## DAY CAMP (6-12 YEAR OLDS)

### SECTION A: CAMPER INFORMATION

Camper Name: (Last) _____ (First) _____		Nick Name: _____
Address: _____ (City) _____ (Zip) _____		
Date of Birth:    /    /	Age: _____	County of Residence: _____
	Male <input type="checkbox"/> Female <input type="checkbox"/>	
School: _____		Current Grade: _____
Age By First Day of Camp: _____	<b>** Child must be entering first grade at least or 6 years old by the first day of camp.</b>	
Mother/Guardian: _____	Primary Phone: _____	Alternate Phone: _____
Father/Guardian: _____	Primary Phone: _____	Alternate Phone: _____
** In the event parent/guardian cannot be reached and advice and/or permission is needed, the next responsible adult who is to be contacted locally is (Please provide a different contact person and contact information from information listed above):		
Emergency Contact: _____		Relationship to Camper: _____
Address: _____	Primary Phone: _____	Alternate Phone: _____

**\* DROP OFF AT CAMP HOLLIS IS AT 9:00AM PICK UP AT 4:00PM DAILY \***

**\* Extended Care is available from 7:00-9:00AM and from 4:00-6:00PM (\$25/week per camper)**

**\*\*Lunch is provided for FREE for all campers. Breakfast is provided for FREE for all extended care campers**

<u>Day Camp Week Long Session Dates:</u>	July 1-July 5 <input type="checkbox"/>	July 8 - July 12 <input type="checkbox"/>	July 15 - July 19 <input type="checkbox"/>
	Extended Care? Yes/No	Extended Care? Yes/No	Extended Care? Yes/No
Please Check the box of the weeks your camper will be attending.	July 22-July 26 <input type="checkbox"/>	July 29-Aug. 2 <input type="checkbox"/>	Aug. 5 - Aug. 9 <input type="checkbox"/>
	Extended Care? Yes/No	Extended Care? Yes/No	Extended Care? Yes/No

### SECTION B: SPECIAL PERMISSION

*I give my permission for my child's picture to be taken it will be used for publicity purposes only.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*I give my permission for my child to self-administer sunscreen to prevent over exposure to the sun.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NOTE:

**\*\* Once Camper Application and Payment is received then Medical form, USDA form, and welcome letter will be sent. Medical form must be complete to finalize your spot for Camp Hollis along with a copy of shot records. Completed Registrations are accepted on a first come, first served basis. \*\***

Families experiencing extreme circumstances or difficulties are encouraged to contact:  
 Youth Bureau Office: (315-349-3451) OR Camp Hollis [May through October] (315-349-3241)

**SECTION C: DAY CAMP FIXED FEES**

Oswego County Residents: There are Day Care Subsidies Available. Please Call for More Information  
 Out of County Residents Pay the \$175

DAY CAMP HAS A FIXED FEE RATE	COUNTY RESIDENTS PAY	OUT OF COUNTY RESIDENTS PAY
EXTENDED CARE (7:00-9:00AM & 4:00-6:00PM daily) ADD \$25/WEEK PER CAMPER	\$150	\$175

FORM OF PAYMENT: (circle one)	CASH	CHECK	CREDIT CARD
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If paying by Credit Card, please go to [www.govpaynow.com](http://www.govpaynow.com) Use Pay Code 6652

\*\* We can assist with certain Camp Supplies: \*\*  
 Towels, Hygiene Products, Swimsuits, etc...

Please check this box if you need assistance with Camp Supplies

PLEASE RETURN COMPLETED REGISTRATION FORM TO:  
 Oswego City/County Youth Bureau  
 70 Bunner Street  
 Oswego, NY 13126

→ My signature certifies that my total household income is accurate as indicated by the fee amount I am paying ←

Parent/Guardian Signature:

-- FOR OFFICE USE ONLY --					
Date Registration Received:		Date Welcome Packet Sent:			
Full Registration information:	Photo Permission:	<input type="checkbox"/>	Sunscreen Permission:	<input type="checkbox"/>	Emergency Contact:
Welcome Packet Info. Received:	Medical Form:	<input type="checkbox"/>	Immunizations:	<input type="checkbox"/>	USDA:
Payment:	Amount Paid: \$	CASH	CHECK/ MONEY ORDER		
Date DSS Verification Letter Sent:			Date DSS Verification Letter Received:		